

STUDENT SCREENING REPORT

Name of Student		DOB	Student ID#
Date of Entry	Date of Screening	Teacher	Date notification of concern sent to parent:

<p style="text-align: center;">1. VISION</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far</p> <p><input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board</p> <p><input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> Has weak note taking skills</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>	<p style="text-align: center;">6. COMMUNICATION SKILLS</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Has poor speech habits</p> <p><input type="checkbox"/> <input type="checkbox"/> Articulates poorly</p> <p><input type="checkbox"/> <input type="checkbox"/> Often stutters</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty expressing ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>
<p style="text-align: center;">2. SOCIAL/BEHAVIORAL</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing)</p> <p><input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn)</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships</p> <p><input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances</p>	<p style="text-align: center;">7. HEARING</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class</p> <p><input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?"</p> <p><input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language</p> <p><input type="checkbox"/> <input type="checkbox"/> Has frequent earaches</p> <p><input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>
<p style="text-align: center;">3. PSYCHOMOTOR SKILLS</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Has short attention span</p> <p><input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward)</p> <p><input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects)</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>	<p style="text-align: center;">8. OTHER CONSIDERATIONS</p> <p>Last grade attended: _____ Year attended: _____</p> <p>Last school attended: _____</p> <p>Significant discrepancy (level compared to last grade): Y N</p> <p>Date records requested: _____ Received: _____</p> <p>Date records reviewed: _____ Reviewer: _____</p> <p>History of special/adaptive or IEP education? Y N</p>
<p style="text-align: center;">4. ACADEMIC/COGNITIVE PROGRESS</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers</p> <p><input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli)</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Has difficulty acquiring, retaining, recalling or manipulating information</p> <p><input type="checkbox"/> <input type="checkbox"/> Other</p>	<p style="text-align: center;">ADMINISTRATIVE ACTION</p> <p><input type="checkbox"/> NO PROBLEM AT THIS TIME</p> <p><input type="checkbox"/> PROBLEM NOTED: Action Taken Below</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Follow up observation/accommodation</p> <p><input type="checkbox"/> <input type="checkbox"/> Referred for student study team: Date _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Referred for 504 plan</p> <p><input type="checkbox"/> <input type="checkbox"/> Current IEP/Special Education Records Received</p>
<p style="text-align: center;">5. ADAPTIVE DEVELOPMENT</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language</p> <p><input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs, and express ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use</p>	<p style="text-align: center;">Administrator's Signature and Date</p> <p style="text-align: center;">PRIMARY LANGUAGE ASSESSMENT</p> <p>If any of the following is other than English, a primary language assessment must be done.</p> <p>a) The language most spoken in the home is English/Spanish</p> <p>b) The language most spoken by the student is English/Spanish</p> <p>c) The child's first spoken language was English/Spanish</p> <p>Language proficiency review date: _____ Form: _____</p> <p>Primary language of instruction: English/Spanish</p>